



GROUND AMBULANCE SERVICE LICENSURE INSPECTION FORM

- ☐ INITIAL INSPECTION
☐ RELICENSURE INSPECTION
☐ AUDIT
☐ COMPLAINT INVESTIGATION

NAME OF AMBULANCE SERVICE	LOCATION	DATE
(1) GENERAL REQUIREMENTS FOR GROUND AMBULANCE SERVICE LICENSURE		
1. Vehicles meet or exceed current Federal KKK-A-1822 specifications at time of manufacture (190.109/19 CSR 30-40.309)	MET <input type="checkbox"/> NOT MET <input type="checkbox"/>	COMMENTS
2. Adequate no. of vehicles to meet needs of service area (190.109/19 CSR 30-40.309)	<input type="checkbox"/> <input type="checkbox"/>	
3. Availability of service (24 hours per day, each and every day of the year) (190.109)	<input type="checkbox"/> <input type="checkbox"/>	
4. Staffing patterns (personnel schedules) (190.109/19 CSR 30-40.309)	<input type="checkbox"/> <input type="checkbox"/>	
5. Insurance Public liability coverage for ambulance services which transport patients in the patient compartment of a vehicle shall meet or exceed: a. \$250,000 for bodily injury to, or death of, one person; b. \$500,000 for bodily injury to, or death of, all persons injured or killed in any one accident, subject to a minimum of \$250,000 per person; and c. \$100,000 for loss or damage to property of others in one accident, excluding cargo. (190.120/19 CSR 30-40.309)	<input type="checkbox"/> <input type="checkbox"/>	
6. Agreement between service and medical director (190.103)	<input type="checkbox"/> <input type="checkbox"/>	
7. Medical Director qualifications/credentials (190.103/19 CSR 30-40.303 and 309)	<input type="checkbox"/> <input type="checkbox"/>	
8. Medical director and service administrator have implemented and annually reviewed: <input type="checkbox"/> Medical and treatment protocols for medical, trauma and pediatric patients <input type="checkbox"/> Triage and transport protocols <input type="checkbox"/> Protocols for Do-Not-Resuscitate requests <input type="checkbox"/> Air ambulance utilization <input type="checkbox"/> Medications and medical equipment to be utilized (190.103/19 CSR 30-40.303)	<input type="checkbox"/> <input type="checkbox"/>	
9. Medical Control Plan - Transfer of care between agencies (190.109)	<input type="checkbox"/> <input type="checkbox"/>	
10. Communications capability (190.109/19 CSR 30-40.309)	<input type="checkbox"/> <input type="checkbox"/>	
11. List of EMRAs in service area (optional)	<input type="checkbox"/> <input type="checkbox"/>	
12. Description of service area same as 12-31-97 (190.109)	<input type="checkbox"/> <input type="checkbox"/>	
(2) OPERATIONAL POLICIES AND PROCEDURES		
1. Safety program including infection control program (19 CSR 30-40.047 and 309)	<input type="checkbox"/> <input type="checkbox"/>	
2. Vehicle operations and driving procedures (19 CSR 30-40.309)	<input type="checkbox"/> <input type="checkbox"/>	
3. Communications procedures (19 CSR 30-40.309)	<input type="checkbox"/> <input type="checkbox"/>	
4. Standards for clinical care (medical protocols) (19 CSR 30-40.303 and 309)	<input type="checkbox"/> <input type="checkbox"/>	
5. Vehicle and equipment maintenance procedures (19 CSR 30-40.309)	<input type="checkbox"/> <input type="checkbox"/>	
6. Disaster/multiple casualty protocols (190.103/19 CSR 30-40.309)	<input type="checkbox"/> <input type="checkbox"/>	

NAME OF AMBULANCE SERVICE	LOCATION	DATE
(2) Operational Policies and Procedures (Continued)		
7. Quality Improvement Program (including problem identification and resolution) Medical director and service administrator have implemented and annually reviewed: <input type="checkbox"/> Prolonged ambulance scene response or transportation time <input type="checkbox"/> Incomplete run documentation <input type="checkbox"/> Compliance with adult and pediatric triage and treatment protocols (or sample thereof) <input type="checkbox"/> Ambulances that are diverted from their original destination <input type="checkbox"/> Skills performance (or sample thereof) <input type="checkbox"/> Any other activities the administrator or medical director deem necessary <i>(190.109/19 CSR 30-40.303 and 309)</i>	MET NOT MET	
8. Medical director and service administrator have ensured that all licensed personnel meet education and skill competencies required for their level of license and patient care environment. <i>(190.103/19 CSR 30-40.303)</i>	<input type="checkbox"/> <input type="checkbox"/>	
9. Nondiscrimination policy regarding treatment or transportation of emergency patients <i>(190.060/190.105)</i>	<input type="checkbox"/> <input type="checkbox"/>	
(3) RECORDS AND FORMS		
1. Ambulance run report meets required BEMS data elements <i>(190.176/19 CSR 30-40.375)</i>	<input type="checkbox"/> <input type="checkbox"/>	
2. Ground ambulance service license (excluding initial licensure) <i>(190.105/19 CSR 30-40.309)</i>	<input type="checkbox"/> <input type="checkbox"/>	
3. Medical Director protocol and policy authorization <i>(19 CSR 30-40.309)</i>	<input type="checkbox"/> <input type="checkbox"/>	
4. Vehicle maintenance records <i>(19 CSR 30-40.309)</i>	<input type="checkbox"/> <input type="checkbox"/>	
5. Records of driver competency in emergency vehicle operations <i>(19 CSR 30-40.309)</i>	<input type="checkbox"/> <input type="checkbox"/>	
6. Equipment maintenance records <i>(19 CSR 30-40.309)</i>	<input type="checkbox"/> <input type="checkbox"/>	
7. Controlled substance security and record keeping <i>(19 CSR 30-40.309)</i> <i>(BNDD 19 CSR 30-1.030)</i>	<input type="checkbox"/> <input type="checkbox"/>	
8. Documentation of ambulance response times <i>(190.176/19 CSR 30-40.375)</i>	<input type="checkbox"/> <input type="checkbox"/>	
9. Records required by other regulatory agencies <i>(190.176)</i>	<input type="checkbox"/> <input type="checkbox"/>	
(4) PATIENT CARE REVIEW		
	<input type="checkbox"/> <input type="checkbox"/>	

NAME OF AMBULANCE SERVICE	LOCATION	DATE
REMARKS		
SIGNATURE OF UNIT OF EMERGENCY MEDICAL SERVICES REPRESENTATIVE		DATE
SIGNATURE OF GROUND AMBULANCE SERVICE REPRESENTATIVE		DATE